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25943 7590 06/10/2004

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**Heather L. Adamson**

(Depositor's name)

*Heather L. Adamson*

(Signature)

09/02/2004

(D)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/087,877	03/01/2002	David R. Ohm	51040.P025 109897-129950	6251

TITLE OF INVENTION: INDIRECT MONITORING OF SEMICONDUCTOR LIGHT SOURCE WITHIN A PHOTONIC PACKAGE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	09/10/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MEYER, DAVID C	2878	250-239000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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1 SCHWABE, WILLIAMSON

2 & WYATT, P.C.

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Network Elements, Inc.**

**Beaverton, OR**

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

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(Date)

09/08/2004 WASFAW2 00000165 10087877

01 FC:2501  
02 FC:1504  
03 FC:8001

665.00 OP  
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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/087,877
		Filing Date	03/01/2002
		First Named Inventor	David R. Ohm
		Art Unit	2878
		Examiner Name	Meyer, David C.
Total Number of Pages in This Submission	3	Attorney Docket Number	109897-129956

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	SCHWABE, WILLIAMSON & WYATT, P.C.	
Signature		
Date	09/02/2004	

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Typed or printed name	Heather L. Adamson	
Signature		Date 09/02/2004

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